

Elementary Individualized Education Program (IEP)

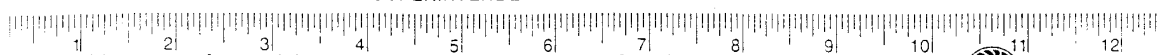


*Office of Special Education and
Early Intervention Services*

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“Show me how this helps teachers teach and children learn.”

MICHIGAN DEPARTMENT OF EDUCATION DECISION MAKING RULER - 2001



April 2, 2003

Michigan Department of Education/Office of Special Education and Early Intervention Services
Individualized Education Program Team (IEPT) Report

IEP Date: _____ Initial/most recent reevaluation IEP Birthdate: _____ Gender: _____
Prior IEP Date: _____ Date: _____ Grade: _____ Student ID: _____

Student's Last Name: _____ First: _____ MI: _____
Address: _____ City: _____
State: _____ Zip Code: _____ County: _____ Telephone: _____
Resident Dist: _____ Operating Dist: _____ Attending Bldg: _____

Purpose(s) of this IEP Team meeting are to discuss (check one of the following):

☐ Initial Eligibility ☐ Review/Revise IEP ☐ Reevaluation ☐ Additional/Change of Disability Reevaluation

Other, specify: _____

IEP Team Meeting Participants in Attendance

Check box ☐ indicating IEP Team member who can explain the instructional implications of evaluation results.

Check circle ☐ indicating IEP Team member who has observed the student suspected of having a learning disability

| | | |
|---------|-------|--|
| Student | _____ | |
| Parent | _____ | <input type="checkbox"/> |
| Parent | _____ | <input type="checkbox"/> <input type="radio"/> |
| _____ | _____ | <input type="checkbox"/> <input type="radio"/> |
| _____ | _____ | <input type="checkbox"/> <input type="radio"/> |
| _____ | _____ | <input type="checkbox"/> <input type="radio"/> |

Participant signatures are required to verify a determination regarding a suspected learning disability under R340.1713. Any member who disagrees must submit a separate statement presenting his or her conclusion.

Eligibility for special education: The IEP Team determined this student to be: ☐ Ineligible ☐ Eligible

Primary disability: _____

Secondary disability, if any: _____

Consider (check) each of the following and comment as appropriate:

- ☐ preferences and interests of the student
- ☐ strengths of the student
- ☐ parent input and concerns for enhancing the education of the student
- ☐ results of an initial evaluation or the most recent reevaluation of the student
- ☐ progress on the current IEP annual goals and objectives
- ☐ progress in the general curriculum where appropriate
- ☐ the student's results on state- and/or district-wide assessments
- ☐ student's anticipated needs or other matters

Consider (check) each of the following. Needs in any of the following **require** a statement in the comments below:

- ☐ communication needs of the student
- ☐ positive behavior intervention, supports, and strategies for students whose behavior impedes learning
- ☐ language needs for students with limited English proficiency
- ☐ Braille instruction for students who are blind or visually impaired
- ☐ communication and language for students who are deaf or hearing impaired
- ☐ the need for assistive technology devices or services

Present Level of Educational Performance – what is the student's level of functioning, and how does the disability affect his/her involvement and progress in the general curriculum (or appropriate activities for preschool students)?

Least Restrictive Environment - This student will:

- Fully participate with students who are nondisabled in the general education setting except for the time spent in separate special education programs/services provided outside of the general education classroom as specified in this IEP.
☐ Yes ☐ No (explain):
- Be fully involved in and progress in the general curriculum.
☐ Yes ☐ No (explain):
- Have the same opportunity as general education students to participate in nonacademic and extracurricular activities.
☐ Yes ☐ No (explain):

Supplementary Aids/Services/Personnel Support

| Supplementary Aids/Service/Support | Amount of Time/Frequency/Conditions | Location |
|------------------------------------|-------------------------------------|----------|
| | | |
| | | |
| | | |
| | | |

☐ All supplementary aids/services and supports listed above will begin on the initiation date of the IEP and continue for one calendar year, following the approved school district calendar. Note below any exceptions to beginning and ending dates and locations given above. Specify month/day/year:

Annual Goals and Short-Term Objectives

Present Level of Performance Data: _____

Annual Goal: _____

| Short-Term Objectives (at least two per goal) | | | | Evaluation | Criterion | Schedules |
|---|------------------|------------------|------------------|---------------------------|-----------|-----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| Date | Status Obj. 1 | Status Obj. 2 | Status Obj. 3 | Comments/Data On Progress | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Present Level of Performance Data: _____

Annual Goal: _____

| Short-Term Objectives (at least two per goal) | | | | Evaluation | Criterion | Schedules |
|---|------------------|------------------|------------------|---------------------------|-----------|-----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| Date | Status Obj. 1 | Status Obj. 2 | Status Obj. 3 | Comments/Data On Progress | | |
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| Evaluation | Criterion | Schedule | Status of Progress on Objectives |
|---|--|--|---|
| S Student's Daily Work D Documented Observation R Rating Scale T Standardized Test O Other (specify above) | ____% Accuracy ____ of ____ Rate ____ Achievement Level Other (specify above) | W Weekly D Daily M Monthly G Grading Period O Other (specify above) | 1 Achieved/Maintained 2 Progressing at a rate sufficient to meet the annual goal for this objective 3 Progressing below a rate sufficient to meet the annual goal for this objective (explain above) 4 Not applicable during this reporting period 5 Other (specify above) |

Student:

Birthdate:

IEP Date:

Reporting Progress: ☐ The parents will be regularly informed in writing of progress on goals and objectives of this IEP at the regular reporting periods applicable to general education students. Additional reporting:

How:

When:

Special Education Programs / Services

Is there a need for a teacher with a particular endorsement? ☐ No ☐ Yes, specify:

Resource Program Only – Is a Teacher Consultant with endorsement matching the student's disability needed? ☐ No ☐ Yes

Departmentalized program (R 340.1749c) ☐ No ☐ Yes

| Special Ed. Programs / Services Rule Number | Frequency and Duration | Location |
|--|------------------------|----------|
| | | |
| | | |
| | | |
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| | | |

☐ All programs and services listed above will begin on the initiation date of the IEP and continue for one calendar year, following the approved school district calendar. Extended school year (ESY) services must be provided only if the IEP Team determines on an individual basis that ESY services are necessary for the provision of a free and appropriate public education. Note below any exceptions to beginning and ending dates and locations given above. Specify month/day/year:

Special Transportation: ☐ No ☐ Yes, specifics:

Nonpublic School Pupils - Identify programs/services offered by the district but not provided because the parent elected to enroll the child in a nonpublic school:

The student will participate in the Michigan Educational Assessment System (MEAS), and districtwide/NAEP* assessments as following:

☐ MEAP, MI-Access are not given at the grade levels covered by this IEP

| MEAS Assessment | assessment appropriate? | | If yes , list appropriate assessment accommodations if needed. If no , state the reason why the MEAP subject area is inappropriate and indicate the appropriate alternate/MI-Access assessment. | standard accommodations? | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | yes | no | | yes | no |
| Michigan Educational Assessment Program (MEAP) | | | | | |
| English Language Arts | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Math | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Science | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Studies | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| MI-Access, Michigan's Alternate Assessment Program | | | | | |
| Eligible for Phase 2** | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Supported Independence | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Participation | <input type="checkbox"/> | <input type="checkbox"/> | | | |

**For Phase 2 eligible students indicate what other standardized assessments the student will be administered.

☐ Districtwide/NAEP assessments are not given at the age/grade levels covered by this IEP

| Districtwide/NAEP Assessment | assessment appropriate? | | If yes , list appropriate assessment accommodations if needed. If no , state the reason why the districtwide/NAEP assessment is inappropriate and indicate the appropriate alternate assessment. |
|------------------------------|--------------------------|--------------------------|---|
| | yes | no | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |

* NAEP – National Assessment Educational Progress

Commitment Signatures

Any IEP Team member may submit a dissenting report for attachment to this IEP Team Report.

Resident District - Resident district superintendent/designee (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Agrees with the IEP and its implementation. | <input type="checkbox"/> Disagrees with this IEP and: |
| <input type="checkbox"/> Authorizes the nonresident operating district to conduct subsequent IEP Team meetings. | <input type="checkbox"/> requests mediation |
| <input type="checkbox"/> Agrees that the student is not eligible for special education. | <input type="checkbox"/> requests a due process hearing |

Signed: _____ Date: _____
Resident District Superintendent or Designee month/day/year

Non-resident Operating District – The superintendent/designee (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Agrees to provide the IEP program(s) and/or service(s) | <input type="checkbox"/> Disagrees with this IEP and: |
| <input type="checkbox"/> Agrees to conduct subsequent IEP Team meetings | <input type="checkbox"/> requests mediation |
| <input type="checkbox"/> Agrees that the student is not eligible for special education. | <input type="checkbox"/> requests a due process hearing |

Signed: _____ Date: _____
Operating District Superintendent or Designee month/day/year

Operating District Notice Requirements - The superintendent or designee of the operating district assures that:

- to the maximum extent appropriate, a person who has a disability, including a person who is assigned to a public or private institution or other care facility, is educated with persons who do not have disabilities.
- placement of a person who has a disability in special classes, separate schools, or the removal of a person who has a disability from the general education environment occurs only when the nature or severity of the disability is such that education in a regular class using supplementary aids and services cannot be satisfactorily achieved.
- the placement for the student is as close as possible to his or her home.
- unless the IEP of a student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if non-disabled.
- in selecting the least restrictive environment, consideration shall be given to any potentially harmful effects to the student or the quality of services that the student needs.
- a child with a disability will not be removed from education in age-appropriate regular classrooms solely because of needed accommodations in the general curriculum.

Staff responsible for implementation: _____ Initial implementation site: _____

Beginning date (m/d/y): _____ Ending date (m/d/y): _____

Signed: _____ Date: _____
Superintendent or Designee month/day/year

Adult Providing IEP Consent - I have been informed of all procedural safeguards and sources to obtain assistance, and:

- | | |
|---|--|
| <input type="checkbox"/> Understand the contents of this IEP | <input type="checkbox"/> Disagree, but will allow implementation of this IEP |
| <input type="checkbox"/> Agree with the IEP and its implementation | <input type="checkbox"/> Disagrees with this IEP and: |
| <input type="checkbox"/> Agrees that the student is not eligible for special education. | <input type="checkbox"/> request mediation |
| | <input type="checkbox"/> request a due process hearing |

Signed: _____ Date: _____
Adult Providing Consent month/day/year

Student Signature: _____